

**Complete in this order:**

- ☐ CHC-NSOPW was completed prior to member's start of service
- ☐ IN FBI/State limited initiated prior to service hours
- ☐ State RESIDENCE state limited initiated prior to service hours

Criminal History Check Consideration of Results Form

This form documents that all National Service Criminal History Check requirements have been completed on time and in the correct sequence for the following candidate for a covered position (AmeriCorps Member or Program Staff Member).

Instructions:

- Do not leave any fields blank. For any field that is not applicable write "n/a" instead of initials and date reviewed
- Ensure that required source documentation is present for every numbered section on this form

Legibly print candidate's current legal name:		Start of Service¹ or Employment²	
First	Middle Initial.	Last	(month/day/year)
2nd Year Member: Is the individual named above returning for another year of service?			<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, are there fewer than 120 days between their two terms of service?			<input type="checkbox"/> yes ³ <input type="checkbox"/> no

1. Verification of Identity	Date of Verification
<input type="checkbox"/> The identity of the applicant was verified on the Criminal History Check Consent Form before any other steps of the Criminal History Check	
2. Written Consent	Date of Consent
<input type="checkbox"/> The applicant's signed Consent Form has been placed in the applicant's file.	
3. National Sex Offender Public Website (NSOPW) Check	Date Reviewed
<input type="checkbox"/> A complete(all States and Territories returning) NSOPW was performed prior to start date on applicant's current legal name and proper documentation has been placed in their CHC file.	
Choose either a, b, or c	Date Reviewed
a. <input type="checkbox"/> NSOPW check of all states, territories, and Tribal Governments resulted in no matches.	
b. <input type="checkbox"/> The NSOPW search produced name-based matches and all returns were checked and determined that there was no match with the applicant. Each result was signed off by appropriate staff. The applicant was not excluded from a covered position (any AmeriCorps Member position or AmeriCorps grant-funded staff position).	
c. <input type="checkbox"/> The NSOPW search resulted in a verified match to the applicant and the applicant was excluded from a covered position (any AmeriCorps Member position or AmeriCorps grant-funded staff position).	

4. Verify "Recurring Access to Vulnerable Populations" to Determine Which Additional Checks are Required		
The Position Description of each covered position is required to note if the individual will have "recurring access to vulnerable populations". Verify yes or no in the boxes to the right then conduct the appropriate checks.	<input type="checkbox"/> yes	<u>Serve Indiana assumes all covered positions have recurring access to vulnerable populations.</u>
	<input type="checkbox"/> no	<u>If no:</u> Contact Serve Indiana for approval.

(Continued on page 2)

¹ The first date a member will accrue service hours. Must be the same as the Start Date in the "Member Contract"

² The first date a new employee will count hours that will be paid for by CNCS funding. Must be officially documented in an offer of employment or similar document

³ If yes, the National Service Criminal History Check from their prior term of service is still applicable.



5. State Check(s)		Source:	Date Initiated	Date Reviewed ⁴
a. State of Service:				
b. State of Residence at time of application (if different than State of Service) :				
<p>Choose either a, b, or c</p> <p>a. History check(s) resulted in no findings. State of Service: <input type="checkbox"/> State of Residence: <input type="checkbox"/></p> <p>b. History check(s) resulted in findings which were considered in the selection process. Based upon the findings the applicant was not excluded from a covered position (any AmeriCorps Member position or AmeriCorps grant-funded staff position). State of Service: <input type="checkbox"/> State of Residence: <input type="checkbox"/></p> <p>c. History check (s) resulted in findings which were considered in the selection process. Due to findings, applicant was excluded from a covered position (any AmeriCorps Member position or AmeriCorps grant-funded staff position). State of Service: <input type="checkbox"/> State of Residence: <input type="checkbox"/></p>				
6. FBI Fingerprint Check(s)		Date Initiated:	Date Reviewed ⁵ :	
<p>Choose one:</p> <p>a. <input type="checkbox"/> History check resulted in no findings.</p> <p>b. <input type="checkbox"/> History check resulted in findings which were considered in the selection process. Based upon the findings the applicant was not excluded from a covered position (any AmeriCorps Member position or AmeriCorps grant-funded staff position).</p> <p>c. <input type="checkbox"/> History check resulted in findings which were considered in the selection process. Due to findings, applicant was excluded from a covered position (any AmeriCorps Member position or AmeriCorps grant-funded staff position).</p>				
7. Accompaniment (Choose one)				
<input type="checkbox"/>	Accompaniment documentation IS NOT required: This covered position's CHC have been reviewed and cleared prior to the member/staff accruing hours.			
<input type="checkbox"/>	Accompaniment Documentation IS required as the member is under 18. A completed Accompaniment Form has been placed in this covered position's file for all hours of service/employment between Start of Service (see box at top of pg. 1) and the Date Reviewed in section 5 or 6 above			

A Program Staff Criminal History Check (CHC) Subject Matter Expert is required to sign and date below when they can attest that:

- This form is complete and consistent with all documentation
- All required documentation has been placed in the individual's file

Name of CHC Subject Matter Expert: _____

Date: _____ Signature: _____